AGE should be stated EXACTLY. PHYSICIANS snound search AGE should be stated EXACTLY. RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. I'TH UNFADING INK-THIS IS A PERMANEN FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. B.—WRITE PLAINLY,

1. PLACE OF DEATH	CERTIFICATE OF BLATT
County W. May	Registration Dist. No. 282
Village or City Corefolor	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Sucetom alle	
(a) Residence: No Coulston	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH O. 2 . 193 3 2 (Wonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Och. 28/3>	I last saw ham all and Act 2 F. 19 3 Deepth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Seechon I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this	Melton
ndustry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	(Prewalus)
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME placed cleary	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME Meeuro Paris	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME MULLIUM DECANO	Accident, suicide, or homicide?, 19, 19, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT I lossed alley	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Coscepto	
Place Keller an Cemelipate 10/39 1932	Manner of injury
rioce, accessory the page 1, 19 0	Nature of injury
19. UNDERTAKER LA Search aller	24. Was disease or injury in any way related to occupation of deceased?
(Address) Corregion	If so, specify \\ \(Opening of the least of the lea
20. FILED 07 28, 19 32 Commelia	(Signed) J. (Square) M. D.
Registrar.	(Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ogo Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1,1923 Gastroenteritis 1 year

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A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA	1. PLACE OF DEATH	
F 3 /	County St- Mary	Registration Dist. No. 283
should of OCC	Village or City SA. Many Repulat Lo	death occurred in a hospital or institution, give its NAME instead of street and number)
200 4		ds. How long In U.S. if of foreign birth?dsds.
Every ICIANS tement	2. FULL NAME UMN Vinter Dunies	
PHYSI ct stat	(a) Residence: No (A MANUAL) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PHY PHY act st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VT RECC LY. PI Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (upite the word)	21. DATE OF DEATH (Month) (Day) (Year)
IANEN A C T I ssifted.	5a. It married, widowed, or divorced - HUSDAND of (or) WIFE of William Marly Divoles	22. 1 HEREBY CERTIFY, That I attended deceased from
R.M. X. Cla	6. DATE OF BIRTH (month, day, and year) \mu 7 - 1893	I last saw h alive on W 22 , 19.32; death is said
IS A PE stated E properly certificate	7. AGE Years Months Oays If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
he st be st be pi of ce	8. Trade, profession, or particular kind of work done, as SPINNER, MUSLIMAE	Park le mand. Al mell!
should it may n back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	The factor of the state of the
INK sh t it on	10. Oate deceased last worked at this occupation (month and year)	
NFADING I pplied. AGE erms, so that instructions	lo haht. a.	Other Contributory Causes of importance:
di.	12. BIRTHPLACE (city or town) - W. W. O. W	Hart at when Paneumannen Waraca
UNFA upplied terms,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - NY DANGE VININAMIANA 100119' 30
	13. NAME MANUAL ON STREET ON A	Name of operation Date of
A Sain	(State or country)	What test confirmed diagnosis?
WITH efull in plant.	15. MAIDEN NAME Mary Of Wathingly	23. If death was due to external causes (VIOLENCE) fill in also the following:
a = 6	16. BIRTHPLACE (city or town) Onwhat	Accident, suicide, or homicide?Oate of injury, 19
NLY,	(State or country)	Where did injury occur?
Y D D X	17. INFORMANT TO MUNICIPALITY (Address) Similarly	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E W E	18. BURIAL, CREMATION, OR REMOVAL () 11 34	Manner of injury
	Place II Oate 1, 1974	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER OF THE STATE OF	24. Was disease or injury in any way related to occupation of deceased?
Z B	20. FILED DN 22 , 1932 / A. 12 Johnson	(Signed) A. J. M.D. M.D.
	A - Registrar. If more blank are needed, address State Registrar.	(Andress) - A L. C. J. L.
	, more planer are needed, address State Registrar,	2411 11. Chaires Street, Dattonore, Requesting V. S. Wol /r.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11168
1. PLACE OF DEATH	158
County Nr. G. WWY	Registration Dist. No.
Village or City DV. Mary Wary War Co	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME INTUN DIVILLA	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH (01)- 27 1992
5a. If merried, widowed, or divorced HUSBAND of	(Month) (Oay) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from
6. OATE OF BIRTH (month, day, and year) W. 27-1932	I last saw h alive on
7. AGE Years Months Days If LESS than 1 deyhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc	morning Celanisia y Coliza
SAW MILL, BANK, etc	1932
12. BIRTHPLACE (city or town) Almentation (State or country)	Other Contributory Causes of importance:
13. NAME Namel 1. Spwels, 14. BIRTHPLACE (city or town) Swelling, (State or country)	Name of operation
15. MAIDEN NAME MANY CENTREL OWEUS	Whet test confirmed diagnosis? Was there an eulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME MANY CETTER QUEUN 16. BIRTHPLACE (city or town) Almandary (State or country)	Accident, suicide, or homicide?Oate of injury,19
17. INFORMANT DANIEL & DANIELS	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place DV. A. R. L. D	Manner of injury
19. UNDERTAKER PARC Mattingly (Address) Lemantianus	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO DEN 27, 1932 A 10 Jahren Registrar.	(Signed) (A. O.) MISSIN M. O. (Address) M. VALLYN M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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10.—The month and year the dcceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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NI RECORD

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PLAINL

BINDING

RESERVED

MARGIN

N. B.-

County A Hary	STATE OF MARYLAND CERTIFICATE OF DEATH
082	Registration Dist. No.
Village or City Moes (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. Servale Color of Color o	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1922, to 1922 that I last saw here alive on 1922
7 AGE If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) 2 yrs mos de
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Durstion)
11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE	(Signed) BETWELL THE M. D. O. 1982 (Address) Levin and Comment
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Jacon of Hansen, 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Languer Hel	place of Burial OR REMOVAL DATE OF BURIAL
Filed Oit 19 1923 2 E. Burch	Home Tassia Commercia

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the 9 Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia

> approved by Committee on American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway train-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flict.

)	mation should be carefully supplied. AGE should be stated EXACTLY. PH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact		NOTE AND THE PROPERTY OF THE P
IS A PER	stated EX	properly cl	ertificate.	7
INK-THIS	E should be	it it may be	on back of c	MOITAGIION
N. B.—WRITE PLAINLY, W.A. UNFADING INK.—THIS IS A PERMANENA SCO	upplied. AG.	terms, so that	TION is very important. See instructions on back of certificate.	1 0007
ILY, WAR	carefully s	ATH in plain	portant. Se	MOTUED
E PLAIN	should be	E OF DE	is very im	1
BWRIT	mation	CAUSI	TION]
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	146
County It Wany's	Registration Dist. No. 281
Village or City Unage	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2 "	s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Tillie an Brown	
(a) Residence: No. Vraslen, Mil-	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Carry Throng	22. HEREBY CERTIFY, That I attended deceased from
C DATE OF BIRTH	llast saw h. alive on 6 ce 22 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw have a live on of the date stated above, at 22 m.
· 34hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Turberal colompsia botiles
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
1/2 1 7 0	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME + red Terrick 14. BIRTHPLACE (city or town) St. Grange Co. Mang.	Name of operation
(State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Thesler Walley	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Lt. Turny Co Mid	Where did injury occur?
17. INFORMANT CALL AND CALL AN	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION OR REMOVAL.	Manner of injury
Place L. Mailin Church Date Ct 3, 1932	Nature of injury
19. UNDERTAKER Right Stronger (Address)	24. Was disease or injury in any way related to occupation of deceased? \(\sum_{\text{\ti}\text{\texi{\text{\texit{\texi{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\texicl{\texitt{\texit{\texi{\text{\texi}\texit{\texi{\tex
No. 1 216 - 316	If so, specify (Signed)
20. FILED CV, 3-10, 1932 Var proposition Registrat.	(Address) Valle Lee Mil,
76 11 1 11 11 6	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
		BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	15 X	PHYSICIAN

FOR BINDING

MARGIN RESERVED

S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	171
1. PLACE OF DEATH	(30)	1 4 4
County of Mary	Registration Dist. No. 28	2
Village of City Levnas allows		Ward
(If Length of residence in city or town where death occurredmos.	death occurred in a hospital or institution, give its NAME instead of street and r	number)
	ds. How long in U.S. if of foreign birth?yrsme)5
2. FULL NAME forest formis for	iroesry	
(a) Residence: No. / 220 January (Usual place of abode)	St., Ward. If nonresident give eity or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	>
Male OR DIVORCED (write the word)	(Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. IFEREBYCERTIFY, That I attended	deceased from
may 3/19/5		7., 1907.25
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at	; death is said
17 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	Oats of onset
kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.	Talmonus Taberulonis	here - 32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Vidustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		J. E. Prichard J.
SAW MILL, BANK, etc		
11. Total time (years) this occupation (month and full 20 12 spent in this year)		
0 4 70	Other Contributory Couses of importance:	
(State or country)	No Ball	171
W 13. NAME Polices Brillia	1 de gra	74-12-50
13. NAME Cofton Mayers 14. BIRTHPLACE (city or town)	Name of apprehim	
(State or country)	Name of operation Date of	ulaneu?
I 15. MAIDEN NAME Elizabett Prashered	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME Elizabeth Consberry 16. BIRTHPLACE (city or town) busen Levran allowing.	Accident, suicide, or homicide? Oate of injury	
E (State or country) 940	Where did injury occur?	
17. INFORMANT Selepabeth Coarberry	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) Jeongellown Md		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Mar falleys Chaffell Com Date Clade 7, 1932	Nature of injury	
19. UNDERTAKER Wer le mallingley	24. Was disease or injury in any way related to occupation of deceased?	10
(Address) Fernas Mofern Red	If so, specify	
20. FILED LO / IS 1932 leverales	(Signed) J. J. Ble sassifile	M. D.
Registrar.	(Address) fluidle de la	All

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state . B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(19)
County St. Mari	1/2	Registration Dist. No. 287
Village or City Hurmal	nville	No. St., Ward
Length of residence in city or town where death of		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary	Jane D	yson
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
	R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. OHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ma	rch, 27, 1932	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12 many
6	2 4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		Enters-colitis Date of open
SAWYER, BDDKKEEPER, etc		
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Belless (State or country) Mary	we City	Other Contributory Causes of importance:
E 13. NAME to him De	10 A	
14. BIRTHPLACE (city or town)	1200-	Name of operation
(State or country) Marri	Mand	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Jane	Thompson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	J	Accident, suicide, or homicide? Date of injury, 19
(State or country) May	yland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Brown (Address)	Dycon mil	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	10. A 20	Manner of injury
Place I mchotas Dat	e GC/ < < 1936	Nature of injury
19. UNDERTAKER WM. To. M. (Address) Longer	town The	24. Was disease or injury in any way related to occupation of deceased?
2D. FILED Oct 231932	10 4 Beau mo	(Signed)
	Registrar.	(Address) Great mills, mel.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	PLACE OF DEATH
	County S1- Marys
Vil	lage or City Palmers (No
	2 FULL NAME Joseph Consa
	PERSONAL AND STATISTICAL PARTICULARS
	Thale While or Divorced (Write the word)
6 0	DATE OF BIRTH
	Morth 23, 1860 (Month) (Day) (Year)
7 A	If LESS than a lay hrs. 10 mos. 16 ds. or min.?
1 30	a) Trade, profession or articular kind of work Tricherman
Op	b) General nature of industry usiness, or establishment in which employed or (employer) Haterman
9 E	(State or country) Mashington
	10 NAME OF FATHER FOR rad Hanne
STN	OF FATHER (State or country) Mashington
PARE	12 MAIDEN NAME & Mary Dunham
	13 BIRTHPLACE OF MOTHER (State or country) Mashington
14	(Informant) Port. P. Gars
	(Address) Palmar
15	Filed / O-16 19521 N Parent
	Registrai

STATE OF MARYLAND CERTIFICATE OF DEATH

11173

Registration Dist. No. 22

& Faunce	Vard) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH Oct 9	H , 1932_
17 I HEREBY CERTIFY, That	I attended the deceased from
that I last saw h alive on and that death occurred on the date s	Del- >H. 1932
Laryn Caffe	normal.
glottes ever? (Duration)	Jus. mos ds.
Contributory no laboratory of Secondary no operation (Duration)	as farmittal, mos. ds.
(Signed) Haller 17.	a order mich
*State the l'is ase Causing I Violent Causes, state (1) Means (Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For I ients or Recent Residents)	lospitals, Institutions, Trans-
At place of deathyrsmosds.	la the Stateyrsmosds,
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	
Sacrid Heart	Date of Burial Oat-11, 19 31
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton will: a) Salesman (b) Grocery; (a) Foreman, (b) Automobile juctory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know 'a the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs. For persons who have no occupation business. that fact may be indicated thus; Farmer (Fo state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in dome tie service for wages, as Serund, Cook en at home, who are engaged in the duties of the household only not paid Housekeepers who receive a definite salary, may be entered as Housewije, Houselaborer, nature of the busine's or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemun, etc. Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed as Al school, or Al home. Care should be taken Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home and children, not gainfully em-Farm laborer Compositor, Laborer-Coal minc, etc. Wom-Lecomotive But in many engineer,

Strtement of Cause of Death—Name, first, the Disease of Using Death—Name, first, the Disease of Using always affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dightheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchupneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculokis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcona, etc., of (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping Examples: Accidental drowning; Struck by railway train cough; Chronic valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

MARGIN

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY,

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	1175
1. PLACE OF DEATH		(131)	16-
County St. Mary	0	Registration Dist. No.	3
Village or City Orange	le mil	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where	1/	ds. How long in U.S. if of foreign birth?	
2. FULL NAME Helen	· Longs		
(a) Residence: No. Orane	ile mad	St Ward.	
(a) nondonice. No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH and 25 (Month) (Day)	., 198 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, that I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	pt 24-1905	1 last saw h. A alive on Oct 23 195	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1113 P.m.	
27 /	Onl day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	10.4
8. Trade, profession, or particular	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		Manic Mephritis	2 4/15
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	une		ago
SAW MILL, BANK, etc	11 Total time (vears)		
this occupation (month and year)	11. Total time (years) spant in this occupation		
mari	1 1)	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		Character and acceptation	6 us
13. NAME Charles Ph	ilep fongo	Colonic sensorario	ago
14. BIRTHPLACE (city or town). Organization	rele ma	Name of operation Date of	1
(State or country)	0)	What test confirmed diagnosis?	aulopsy? 200
15. MAIDEN NAME CMMA 16. BIRTHPLACE (city or town)	Wise	23. If death was due to external causes (VIDLENCE) fill in also the followin	ıg:
0 16. BIRTHPLACE (city or town)	rad	Accident, suicide, or homicide? Date of injury	, 19
E (State or country)	N N	Where did injury occur?	
17. INFORMANT Charles Ph (Address)	ilip Long	(Specify city or town, county and Ste Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVALS	4/10 1 27 -0	Manner of injury	
Place St. Mary	Date OCT & / 1934	Nature of injury	
19. UNDERTAKER Clmer (Address) Muchani	estille ma	24. Was disease or injury in any way related to occupation of deceased? If so, specify	2
20. FILED Del 26 1932 4	10 Julius M. Registrar.	(Signed) Clayous C. Wile (Address) Chaplics	M. D.
If more	blanks are peeded, address State Registrar	2411 N. Charles Street Ballimore Requesting 7). S. No. 1	

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BURGATT				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

certificate.

See instructions on back of

TION is very important.

PHYSICIANS should state

Exact statement of OCCUPA-

B

STATE OF	MARYI	AND-CERTIFIC	CATE	OF	DFATH

0.1 8777

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
County St Manys	Registration Dist. No. 287
Village or City Great Mills	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Infant horris	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (awrite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of	22. GIHEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 13, 1932	I last saw hear alive on Oct 13, 19,32; death is said
7. AGE Years Months Days If LESS, than	to have occurred on the date stated above, atm.
1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Primatura birth (months)
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Data time (years) this occupation (month and	
this occupation (month and spent in this occupation occupation	
9 41 11	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Plant
	accente procesa
I I	Name of a section
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME 1620 A Beautiful A	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Visited Beautiful 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Clones flowing	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) graf Mills Mil	
Place the Genetary Date Det 14, 182	Manner of Injury
19. UNDERTAKER Em horris (Address) year mills but	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Oct 13, 1932 ASS. LED Resistrar.	(Signed) Anat Mills Ind
76 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N. O. I. C. D. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must statc:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLA	ND-CERTIFICA	TE OF	DEATH
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1 2 4 15 16

1. PLACE OF DEATH	(66-E)
County It Marys	Registration Dist. No. 28 7
Village or City Resserved	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME almiras Janes &	mith.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH Q 4 27 , 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of General Smith 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY That Lattended deceased from 17, 1932, to 227, 1932, death is said to have occurred on the date stated above, at 10:10A m.
59 3 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	Exophthalmic goibre. Ow & R.
12. BIRTHPLACE (city or town) Columnia (State or country)	Other Contributory Causes of importance: Chronic Introttial Nephitis 1932 Thyroidectory with interference
13. NAME Byron Preston	of nerve supply of largne 1920
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Cligate Hallings 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Trinity Colombian Date Off 29, 1932	Manner of injury
19. UNDERTAKER LOVE C Milling Commend town Will	24. Was disease or injury in any way related to occupation of deceased? Me
20. FILED Oct 27, 1932 Pf Bocal Registrar.	(Signed) M. D. (Address) Am t Mills Mills

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gustroenteritis	1 year	

AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. X

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(&)
County At Marys	Registration Dist. No. 287
Village or City Cheat hulls	Np. St., Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mant spaulding	Ot Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 7,1932	I last saw him all the Comment of 1932; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) That Malls (State or country) Many land	
13. NAME C Kenny Spandding	
13. NAME Henry Jeanholing 14. BIRTHPLACE (city or town)	Name of operation Date of
) (State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME NOTE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Harry man front helloste Det 8, 1932	Manner of injury
19. UNDERTAKER Hang Agailding (Address) The House Miles Miles	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CAT 7, 1932 OF BLOOM Registrar.	(Signed) M. D. (Address) Freat Mills) M.d.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

V. S. No. 1

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PLACE OF DEATH

County SI Marys	GERTIFICATE OF DEATH
0	Registration Dist. No. 2. T
Village or City Days Trongs. 2FULL NAME Charles Leve	St.: Ward) (If death occurred in a hospital or institution, give its NAME isstend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 18, 1900	that I last saw h wife on Och 5 1923 A
(Month) (Day) Year) 7 AGE (HLESS than	·D
7 AGE II LESS that I day hrs	
37 yrs. 2 mos. / ds. or min.	
8 OCCUPATION (a) Trade, profession or particular kind of work Engloyed by Laurden,	Direce al. Heart
(b) General nature of industry business, or establishment in which employed or (employer)	(dried Houration) de de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds,
FATHER Colinton Tursman	(Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Vergue d. Hewrs.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) His. Bealine Leuman	Former or usual residence
(Informant) II II . I cherrie - Commun	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Saural From	Wash DO. Och 7: 1982
15 Filed (5th 1912 Leave & Joshins	20 UNDERTAKER ADDRESS
Filed (1922 Ceom y orthogo Registrar	W: W. Chamber Go Forh DC

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever write None. business, that fact may be indicated thus; Farmer he or given up on a count of the DISEASE CAUSING DEATH, Housemaid, et .. gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to ".ch and every Statement of Occupation Precise statement of octo report specifically the occupations of persons enhousehold only anot paid Housekeepers who receive a Foreman, 10 For many occupations a single word or term on grs . Farm laborer, Laborer-At Home, and children, not gainfully em-The Cotton mill; (a Salesman, (b) man, (b) Automobile factory. The For persons who have no occupation a the kind of work and also (b) the If the occupation has been changed Architect. Locomotive - Coul mine, etc. person, irrespective of As examples : (a (h) Grocery; material engincer, Wom-

Statement of Cause of Death—Name, first, the Disease Cause of Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningiti"]; Dishtheria avoid use of "Croup"); Typhoid icer never report "Typhoid Pneumonia,"; Lobar paeumonia, Bronchopheumonia ("Pneumonia,");

as fracture of skull, and consequences (. g., sepsis, approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide: Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuenia," "PUERPERAL peritonilis diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse." "Coma," "Convulsions," causing (secondar; or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite; Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Branchopneumonia (secondary), cough; Chronic valeular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is exsential and must be obtained before the certificate is permanently filed.

should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

V. S. No. 1

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	48 5 92
County Dr. S VWVY	Registration Dist. No.
Village or City Dudds Chlly	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
White and the said the said	
2. FULL NAME / / LAW V / MEN	
(a) Residence: No. Julian Chilest	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.6EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Henry D. D. And JOR DIVORCED (wrige the word)	DATE OF BEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of Corp. WIFE of Corp. WIFE of Corp.	22. 60 . I HEREBY CERTIFY, That & attended deceased from
Ommuny rger	1/10M 1932, to WW. 1932
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on ; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
3 6 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Calmonay Misses Vinterin
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and year) (MA) this occupation are occupation occupation	
h to a h T. a t	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
VI GARAGE WHI DI	
13. NAME ANNUAL COLOR	
14. BIRTHPLACE (city or town)// WWWWWWWWWW	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME A MANYGAI MMA	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
2 16. BIRTHPLACE (city or town). (Stata or cognity)	Accident, suicide, or homicide? Data of injury, 19
Thomas of the state of the stat	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT. O. WARNEY STATE OF THE STATE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OB. REMOVAL)	
Place Who Wesley Date Uev-12 1932	Manner of injury
1 1 1 Meal 1	Nature of injury
19. UNDERTAKER (L. (Address)	24. Was disease or injury in any way related to occupation of deceased?
(Additional)	If so, specify

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STAT	E OF MARYLAND-	-CERTIFICATE OF DEATH	11181
1. PLACE OF DEATH		210 mg	565
County M. M	aus	Registration Dist. No.	200
Village or City Dea	eldil	No.	St., War
Length of residence in city of town		Of death occurred in a hospital or institution, give its NAME instead of os. ds. How long in U.S. if of foreign birth?	
2. FULL NAME	ues a. Wilso	\mathcal{N}	
(a) Residence: No.	Conacatore	&t., Ward.	
DEDCOMM/AND CO	(Usual place of abode)	If nonresident give city o	- The state of the
3. SEX 4. COLOR OR RA	CE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF D	EATH
m leaf	OR DIVORCED (write the word)	Cet. 6	. 193
5a. If married, widowed, or divorced	1 Juane	(Month) (Day	(Year)
(or) WIFE of Charlo	to alaues	22. I HEREBY CERTIFY, That	l attended deceased fro
6. DATE OF BIRTH (month, day, and year	lenkuonen	Hast saw h in all god Och. 6	10.3 7
	nths Days If LESS than	to have occurred on the date stated above, at 39 m	19.1 Hoden is sa
30	1 day,hrs		Lamina and American
8. Trade, profession, or particular kind of work done, as SPINN	ERA VO.		Date of onse
SAWYER, BOOKKEEPER, etc		grossey nell	
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	.,	faul and do	(1)
10. Date deceased last worked at this occupation (month and	11. Total time (years) spant in this	Thurs acrean	V. J
year)	occupation occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	4		
E 13. NAME Uniter	Wilson		
14. BIRTHPLACE (city or town) (State or country)	na d	Name of operation	D-4
(State or country)	2	What test confirmed diagnosis?	s there an autopsy?
15. MAIDEN NAME	a Bacus	23. If death was due to external causes (VIOLENCE) fill in also the	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	nd	Accident, suicide, or hamicide Confession date of injury	ur/0/6 1937
(State or country)	. Kan	Where did injury occurrence (Specify city or town, cour	nty and State)
17. INFORMANT (Address)	N Hall	Specify whether injury occurred in INDOSTRY, In HDME, or in	PUBLIC PLACE.
18. BURIAL CHEMATION OR REMOVAS	1100000	Manner of injury O accles weed a	ceto
telle lodgi to	applicate 10/4 132	Nature of injury	
19. UNDERTAKER Well 6.	Material	24. Was disease or injury in any way related to occupation of de	ceased? 20
(Address) flor	eachtotul	If so, specify	
20. FILED 6 1932	Carealin	(Signed) Vaguelle U. Ch	a ally
· ·	Registrar.	(Address) (A) Clothelle	- m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis PERCEIVE 1915 Attack of epilepsu 1 week ago Chronic interstitud nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago BUTTER A TEV Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOI	RFURTHER	STATEMENTS	BY	PHYSICIAN	ĺ
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